

Work Order ID 96124***96124***

Page 1

January-23-13 9:44:27 AM

Item ID: D2370

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Assembly

Stop

NS2

Start Date: 2/04/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 2/15/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan: *CL*Date: *13/01/23*

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D2370	Rev C
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100	0.00
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100	PURCHASING
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Purchasing	Memo 0.00
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Purchasing	Issue p/o: <i>18845</i> Order: Model 12-2A undrilled with grey pad & black belts Supplier: Ferno Aviation Letter of compliance required
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CL 13/01/23 (1)

110	Receive & Inspect for Damage & Mat'l Certs	0.00
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110	Memo 0.00
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Packaging	Insure that letter of compliance is attached to w/o
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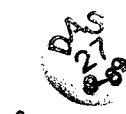
13/01/21 (4)

120	QC6- Inspect dimensions to drawing	0.00
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120	Memo 0.00
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QC	
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Quality Control	
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B34

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. _____	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Quality <input type="checkbox"/>	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
Bending	Bend	Grain	Ovalized	Pressure/Forced						
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure						
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld						
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled						
Cuffs	Contamination	Maintenance	Part Moved							
Heat Treat	Countersink	Mislabeled	Positioned Wrong							
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge							
Ripples in Bend	Drill Holes	Offset	Other							
Torque Waves in Extrusion	Drawing	Out of Calibration								
Turning Sequence	Finish	Out of Sequence								
Wave/Twist in Tube	Folio	Outside Dimensions								

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1

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1

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

130

Small Fab

Small Fab

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

(DAS
16
8/5)

13/3/6

150

150

Packaging

Packaging

Identify as per dwg & Stock Location:

0.00

Memo

PPP
28/17

0.00

13/3/20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear	General								
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>					
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

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Date: _____

Tooling:

Date: _____

Run

Start

NR1

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Quality Control

Memo

0.00

MLJ 13-03-07

PLB-03

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

January-23-13 9:44:26 AM

Page 1

Work Order ID: 96124

Parent Item: D2370

Parent Item Name: Litter Assembly

Start Date: 2/04/13

Required Date: 2/15/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP D 01.10.10Changed D2484 nut for D3015-1 SM
IPP E 06.12.12 ecn 888 ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN960JD416L Washer	NAS1149D0416J	Purchased	No			130	Each	6.0000	4	4		JB3/03/04	
		4 M03741											
D2370P Litter Assembly		Purchased	No										
D2374 Stud		Manufactured	No										
D2378 Bolt		Manufactured	No										
D3015-1 Lock Nut		Manufactured	No										
MS27039-4-06 Screw		Purchased	No										

Location Loc Qty Loc Code
ST009 10
88302 10
ST009 50
79476 4
89339 21
94747 25
ST023 264
14710 264
ST307 113
123355 113
A 113

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

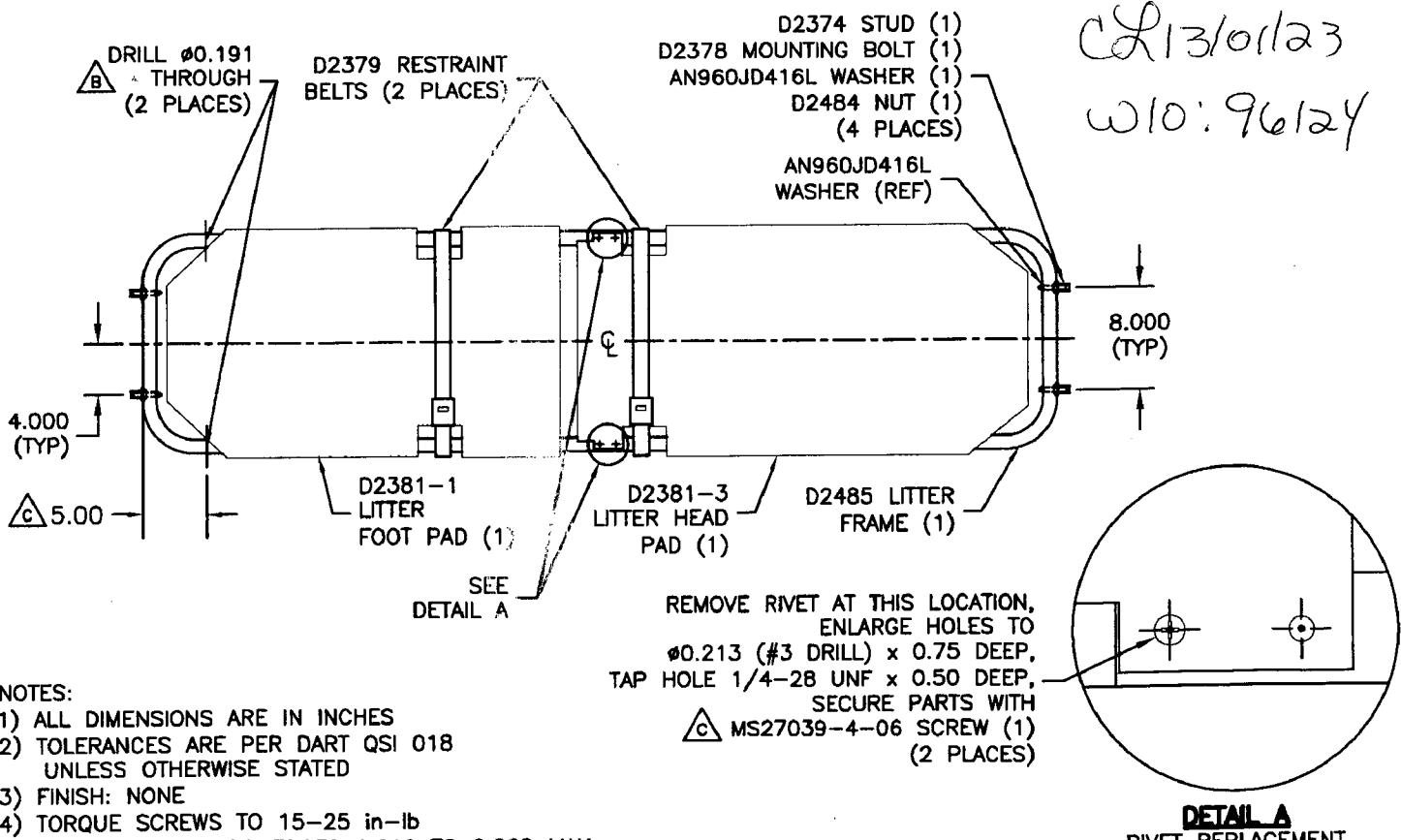
DART

DESIGN KE	DRAWN BY <i>B</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED PH	APPROVED <i>H</i>	DRAWING NO. D2370	REV. C SHEET 1 OF 1
DATE 06.11.21		TITLE LITTER ASSEMBLY	SCALE NTS
A	95.02.20	NEW ISSUE	
B	98.06.09	ADDED $\varnothing 0.191$ HOLES	
C	06.11.21	ADD ALTERNATE FOR D2484, MS SCREWS, TAPPED HOLES, AND 5.00 WAS 5.34	

RELEASED

06.12.05 *H*

D2370	Part No.	Description
X	D2370	LITTER ASSEMBLY
4	D2374	STUD
4	D2378	MOUNTING BOLT
2	D2379	RESTRAINT BELTS
1	D2381-1	LITTER PAD
1	D2381-3	LITTER PAD
4	D2484	NUT (OR D3015-1) <i>c</i>
1	D2485	LITTER FRAME
4	AN960JD416L	WASHER
2	MS27039-4-06	SCREW <i>c</i>



NOTES:

- 1) ALL DIMENSIONS ARE IN INCHES
- 2) TOLERANCES ARE PER DART QSI 018
UNLESS OTHERWISE STATED
- 3) FINISH: NONE
- 4) TORQUE SCREWS TO 15-25 in-lb
- 5) REMOVE ALL SHARP EDGES 0.010 TO 0.020 MAX

FERNO Aviation, INC.

735-B Branch Drive
 Alpharetta, GA 30004
 Office 770.521.1005 Fax 770.521.0910
<http://aviation.ferno.com>

Commercial Invoice

DATE	INVOICE NO.
2/26/2013	12865

BILL TO
Dart Aerospace, Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7 Canada Attn: Accounts Payable

SHIP TO
Dart Aerospace, Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7 Canada Ref: PO18845

PO NO.	TERMS	REP	SHIP DATE	SHIP VIA	FOB
PO 8845	Net 30	KD	2/26/2013	Fed-X Ground	Alpharetta
ITEM	DESCRIPTION			QTY	UNIT PRICE
12-2A (DART)	12-2A Litter Assembly W/Gray FAA Approved cover/pad assy. and Black FAA approved patient restraints S/N: 13N256565, 13N256566, 13N256567, 13N256568, & 13N256560 (HS Code 8803.30.00.00)			5	1,491.00
	Order shipped using Fed-X Acct. #1517-9324-0. Fed-X Tracking #				7,455.00
Thank you for your order!				Total	\$7,455.00

FENO Aviation, INC.735B Branch Drive
Alpharetta, GA 30004Telephone: 770.521.1005
Fax: 770.521.0910**CERTIFICATE OF CONFORMANCE****Date:** 02/26/2013**Customer:** Dart Aerospace, Inc.**P.O. Number:** PO18845

<u>Part Number</u>	<u>Description</u>	<u>Serial Number</u>
Model 12-2A	Aeromedical Stretcher w/Orange FAA Approved Cover and Black FAA Approved Patient Restraints	13N256568 13N256567 13N256566 13N256565 13N256560

We hereby certify that all items in the above shipment have been produced, inspected and found to be in compliance with applicable drawings, customer specifications, and purchase order requirements including the flammability requirements of the Department of Transportation Federal Aviation Administration FAR 25.853 appendix F Part I(a)(1)(ii). All documents utilized were the latest revision in effect on the date of this order, or as specified by buyer.

Robert C. Chinn
QA, Feno Aviation